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CONFIRMATION NO. 7493

<b>SERIAL NUMBER</b> 10788,917	<b>FILING OR 371(c) DATE</b> 02/27/2004 <b>RULE</b>	<b>CLASS</b> 235	<b>GROUP ART UNIT</b> 2876	<b>ATTORNEY DOCKET NO.</b> D-1212
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**APPLICANTS**  
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 John Christie, Uniontown, OH;

**\*\* CONTINUING DATA \*\*\*\*\*** *SSP*  
 This appln claims benefit of 60/450,993 02/28/2003 and is a DIV of 10/750,571 12/30/2003 PAT 6,935,558 which claims benefit of 60/437,636 12/31/2002 and claims benefit of 60/437,637 12/31/2002 *verified*

**\*\* FOREIGN APPLICATIONS \*\*\*\*\*** *SSP*  
*Nine*

**IF REQUIRED, FOREIGN FILING LICENSE GRANTED**  
**\*\* 05/18/2004**

Foreign Priority claimed 35 USC 119 (a-d) conditions met Verified and Acknowledged	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance Examiner's Signature <i>[Signature]</i> Initials <i>SSP</i>	<b>STATE OR COUNTRY</b> OH	<b>SHEETS DRAWING</b> 51	<b>TOTAL CLAIMS</b> <i>28</i> <i>27</i>	<b>INDEPENDENT CLAIMS</b> <i>27</i>
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**ADDRESS**  
28995

**TITLE**  
Currency cassette access based on facial recognition

<b>FILING FEE RECEIVED</b> 1584	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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